

LME Alternative Service Request for Use of DMHDDSAS State Funds

For Proposed MH/DD/SAS Service Not Included in Approved Statewide IPRS Service Array

Note: Submit completed request form electronically to Wanda Mitchell, Budget and Finance Team, at Wanda.Mitchell@ncmail.net, and to Spencer Clark, Chief's Office, Community Policy Management Section, at Spencer.Clark@ncmail.net. Questions about completing and submitting this form may be addressed to Brenda G. Davis, CPM Chief's Office, at Brenda.G.Davis@ncmail.net or (919) 733-4670, or to Spencer Clark at Spencer.Clark@ncmail.net or (919) 733-4670.

a. Name of LME: PBH (Piedmont Behavioral Healthcare)		b. Date Submitted 6-13-08
c. Name of Proposed LME Alternative Service-Case Support – YA301		
d. Type of Funds and Effective Date(s): <i>(Check All that Apply)</i> <div style="text-align: center; margin-top: 10px;"> <input checked="" type="checkbox"/> State Funds: Effective 7-01-07 to 6-30-08 <input checked="" type="checkbox"/> State Funds: Effective 7-01-08 to 6-30-09 </div>		
e. Submitted by LME Staff (Name & Title) David Jones, MA Dir. of Clinical Operations	f. E-Mail davidj@pamh.com	g. Phone No. 704-743-2106

Background and Instructions:

This form has been developed to permit LMEs to request the establishment in IPRS of Alternative Services to be used to track state funds through a fee-for-service tracking mechanism. An LME that receives state single stream or other state non-UCR funding shall use such funding to purchase or start up services included in the Integrated Payment and Reporting System (IPRS) service array and directed towards the approved IPRS target population(s). If the LME wishes to propose the use of state funds for the provision of an Alternative Service that is not included in the IPRS service array, the LME shall submit an ***LME Alternative Service Request for Use of DMHDDSAS State Funds***.

This form shall be completed to fully describe the proposed Alternative Service for which Division approval is requested in order to develop an IPRS reporting code and an appropriate rate for the Alternative Service.

Please use the following template to describe the LME's proposed Alternative Service definition and address all related issues using the standard format and content categories that have been adopted for new MH/DD/SA Services.

Please note that:

- an individual LME Alternative Service Request form is required to be completed for each proposed Alternative Service;
- a separate Request for Waiver is required to be submitted to the Division for the LME to be authorized by the Secretary to directly provide an approved Alternative Service; and
- the current form is not intended to be utilized in SFY 07-08 for the reporting on the use of county funds by an LME. The Division continues to work with the County Funds Workgroup to establish a mechanism to track and report on the use of county funds through IPRS reporting effective July 1, 2008.

Requirements for Proposed LME Alternative Service	
<i>(Items in italics are provided below as examples of the types of information to be considered in responding to questions while following the regular Enhanced Benefit Service definition format. Rows may be expanded as necessary to fully respond to questions.)</i>	
Complete items 1 through 28, as appropriate, for all requests.	
1	Alternative Service Name, Service Definition and Required Components- Case Support (Provide attachment as necessary)
2	Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array <ul style="list-style-type: none"> • <i>PBH specific service array to best provide for consumer needs within the PBH system of care</i>
3	Description of service need(s) to be addressed exclusively through State funds for which Medicaid funding cannot be appropriately accessed through a current Medicaid approved service definition The service includes activities with and/or on behalf of a recipient of MH/DD/SA services including: (a) case management activities performed by an individual who is not the case manager designated in the recipient's treatment plan, or (b) other supportive activities not included in the Case Management service definition. The service is designed to meet some of the educational, vocational, residential, health, financial, social and other non-treatment needs of the individual. The service includes the arrangement, linkage or integration of multiple services (when provided by multiple providers) as they are needed or being received by the individual either within the area program, or from other agencies with those services being received through the area program. It may include training of volunteers to work with an individual client, and time spent transporting the individual to or from services, advocacy, supportive counseling, training or retraining activities required for successful maintenance or re-entry into the client's vocational or community living situations.
4	Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service: (Check one) <input checked="" type="checkbox"/> Recommends <input type="checkbox"/> Does Not Recommend <input type="checkbox"/> Neutral (No CFAC Opinion)
5	Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service 4500
6	Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service \$260,000
7	Eligible IPRS Target Population(s) for Alternative Service: (Check all that apply) <u>Assessment Only:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> CMAO <input type="checkbox"/> AMAO <input type="checkbox"/> CDAO <input type="checkbox"/> ADAO <input type="checkbox"/> CSAO <input type="checkbox"/> ASAO <u>Crisis Services:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> CMCS <input type="checkbox"/> AMCS <input type="checkbox"/> CDCS <input type="checkbox"/> ADCS <input type="checkbox"/> CSCS <input type="checkbox"/> ASCS <u>Child MH:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> CMSED <input type="checkbox"/> CMMED <input type="checkbox"/> CMDEF <input type="checkbox"/> CMPAT <input type="checkbox"/> CMECD <u>Adult MH:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> AMSPM <input type="checkbox"/> AMSMI <input type="checkbox"/> AMDEF <input type="checkbox"/> AMPAT <input type="checkbox"/> AMSRE <u>Child DD:</u> <input checked="" type="checkbox"/> CDSN

	<p><u>Adult DD:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> ADSN <input type="checkbox"/> ADMRI</p> <p><u>Child SA:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> CSSAD <input type="checkbox"/> CSMAJ <input type="checkbox"/> CSWOM <input type="checkbox"/> CSCJO <input type="checkbox"/> CSDWI <input type="checkbox"/> CSIP <input type="checkbox"/> CSSP</p> <p><u>Adult SA:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> ASCDR <input type="checkbox"/> ASHMT <input type="checkbox"/> ASWOM <input type="checkbox"/> ASDSS <input type="checkbox"/> ASCJO <input type="checkbox"/> ASDWI <input type="checkbox"/> ASDHH <input type="checkbox"/> ASHOM <input type="checkbox"/> ASTER</p> <p><u>Comm. Enhance.:</u> <input type="checkbox"/> All <input type="checkbox"/> CMCEP <input type="checkbox"/> AMCEP <input type="checkbox"/> CDCEP <input type="checkbox"/> ADCEP <input type="checkbox"/> ASCEP <input type="checkbox"/> CSCEP</p> <p><u>Non-Client:</u> <input type="checkbox"/> CDF</p>
8	<p>Definition of Reimbursable Unit of Service: (Check one)</p> <p><input type="checkbox"/> Service Event <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Other: Explain _____</p>
9	<p>Proposed IPRS <u>Average</u> Unit Rate for LME Alternative Service</p> <p><i>Since this proposed unit rate is for Division funds, the LME can have different rates for the same service within different providers. What is the proposed <u>average</u> IPRS Unit Rate for which the LME proposes to reimburse the provider(s) for this service?</i></p> <p style="text-align: center;">\$22.66</p>
10	<p>Explanation of LME Methodology for Determination of Proposed IPRS <u>Average</u> Unit Rate for Service <i>Comparable to like services</i></p>
11	<p>Provider Organization Requirements</p> <p>Case Support must be delivered by practitioners employed by a mental health/substance abuse provider organization that meet the provider qualification policies, procedures, and standards established by DMH and the requirements of 10A NCAC 27G.</p>
12	<p>Staffing Requirements by Age/Disability <i>(Type of required staff licensure, certification, QP, AP, or paraprofessional standard)</i></p> <p>Persons who meet the requirements specified for professional or paraprofessional status for the appropriate disability population or qualified professional or paraprofessional status for the appropriate disability population according to 10 NCAC 14V. Or the N.C. Infant-Toddler Program Guidance for Personnel Certification (APSM 120-1).</p>
13	<p>Program and Staff Supervision Requirements</p> <p>Supervision is provided according to supervision requirements specified in 10 NCAC 14V and according to licensure/certification requirements of the appropriate discipline.</p>
14	<p>Requisite Staff Training- Same as question 12 above</p>
15	<p>Service Type/Setting</p> <ul style="list-style-type: none"> • Location(s) of services • Excluded service location(s)

	<p>This is an indirect periodic service where the case support staff arranges, coordinates, and monitors services on behalf of the recipient. This service is not billable to Medicaid.</p> <p>This service is provided in any location.</p>
16	<p>Program Requirements</p> <ul style="list-style-type: none"> • Individual or group service • Required client to staff ratio (if applicable) • Maximum consumer caseload size for FTE staff (if applicable) • Maximum group size (if applicable) • Required minimum frequency of contacts (if applicable) • Required minimum face-to-face contacts (if applicable) <p>Include face-to-face and telephone time in contact with individual client, collateral, other agency personnel, inter-agency staffing, training of volunteers, and time spent transporting the individual to or from services.</p> <p>The services most commonly included in this category include, but are not limited to:</p> <ul style="list-style-type: none"> ○ Case support; ○ Case management; ○ Outreach or Assertive Outreach to clients; and ○ Institutional Liaison. <ul style="list-style-type: none"> • Under the circumstance of one area program staff linking or coordinating with another staff in the same area program regarding multiple services, only one staff may claim case management/support for the interaction. • Similar services provided to non-clients are to be reported as Assertive Outreach. • Staff Travel Time to be reported separately. • Preparation/documentation time NOT reported. • Structured services including Evaluations, Outpatient Treatment/ Habilitation or After-hours services are to be reported to the appropriate service type.
17	<p>Entrance Criteria</p> <ul style="list-style-type: none"> • Individual consumer recipient eligibility for service admission • Anticipated average level of severity of illness, or average intensity of support needs, of consumer to enter this service <p>The recipient is eligible for this service when:</p> <p>A. There are two identified needs in the appropriate documented domains,</p> <p style="text-align: center;">AND</p> <p>B. There is an Axis I or II diagnosis present, or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a).</p> <p style="text-align: center;">AND</p> <p>C. Level of Care Criteria, LOCUS/CALOCUS, ASAM, or SIS deemed eligible for services based on a documented developmental delay or disability.,</p> <p style="text-align: center;">AND</p> <p>D. The recipient is experiencing difficulties in at least one of the following areas:</p> <ol style="list-style-type: none"> 1. Is at risk for institutionalization, or hospitalization or is placed outside the natural living environment. 2. Is receiving or needs crisis intervention services, intensive in home services – including wraparound or services. 3. Has unmet identified needs from multiple agencies. 4. Needs advocacy and service coordination to direct service provisions from multiple agencies. 5. DSS has substantiated abuse, neglect, or has established dependency.

	<p>6. Presenting with intense, verbal and limited physical aggression due to symptoms associated with diagnosis, which is sufficient to create functional problems in the home, community, school, job, etc.</p>
18	<p>Entrance Process</p> <ul style="list-style-type: none"> • <i>Integration with team planning process</i> • <i>Integration with Person Centered Plan and clinical assessment</i> <p>PBH requires that a written person-centered plan be developed by the Person Centered Planning team prior to service implementation for the delivery of medically necessary services. PBH expects that consumers play an active role in directing the type, frequency and intensity of services to ensure that the service meets the needs, abilities, preferences and expectations of the consumer and their goals for recovery. It is also PBH's expectation that the PCP is informed by strong clinical data that supports medical necessity of a given service. Together these processes ensure that services are appropriate for meeting the consumer's needs but are supported by clinical evidence to ensure medical necessity.</p>
19	<p>Continued Stay Criteria</p> <ul style="list-style-type: none"> • <i>Continued individual consumer recipient eligibility for service</i> <p>The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the recipient's service plan or the recipient continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:</p> <ol style="list-style-type: none"> Recipient has achieved initial service plan goals and additional goals are indicated. Recipient is making satisfactory progress toward meeting goals. Recipient is making some progress, but the service plan (specific interventions) need to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning, are possible or can be achieved. Recipient is not making progress; the service plan must be modified to identify more effective interventions. Recipient is regressing; the service plan must be modified to identify more effective interventions.
20	<p>Discharge Criteria</p> <ul style="list-style-type: none"> • <i>Recipient eligibility characteristics for service discharge</i> • <i>Anticipated length of stay in service (provide range in days and average in days)</i> • <i>Anticipated average number of service units to be received from entrance to discharge</i> • <i>Anticipated average cost per consumer for this service</i> <p>Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:</p> <ol style="list-style-type: none"> Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted. Consumer has moved to a bundle service where case management is an included service.

21	<p>Evaluation of Consumer Outcomes and Perception of Care</p> <ul style="list-style-type: none"> • <i>Describe how outcomes for this service will be evaluated and reported including planned utilization of and findings from NC-TOPPS, the MH/SA Consumer (Satisfaction) Surveys, the National Core Indicators Surveys, and/or other LME outcomes and perception of care tools for evaluation of the Alternative Service</i> • <i>Relate emphasis on functional outcomes in the recipient's Person Centered Plan</i> <p>For services that require completion of NC TOPPs, MH/SA Consumer Surveys, and/or National Core indicators, PBH will monitor to ensure that evaluation tools are completed within mandated time frames and reported to the required reporting bodies. PBH will also use the data obtained from these measures to track trends that effect service satisfaction, accessibility and utilization. This data then can be used to leverage changes in the PBH provider network related to quality and availability of services.</p> <p>The expected outcome of this service is to support consultation with other agencies and professionals who are assessing and addressing the identified cognitive and behavioral deficits of the recipient and to facilitate referrals to appropriate treatment services. The case manager must consult with the identified provider, include their input into the service planning process, inform all involved stakeholders, and monitor the status of the recipient in relationship to the treatment goals. Continued utilization of this service will be determined by medical necessity reviewed every 30 days or more often as needed. PBH has established a systematic method of reviewing the quality, appropriateness, and comprehensiveness of the person-centered plan. Each goal on the person-centered plan is reviewed separately, based on the target date associated with each goal to ensure that services are individualized to meet the strength, needs, abilities and preferences of the consumer.</p>
22	<p>Service Documentation Requirements</p> <ul style="list-style-type: none"> • <i>Is this a service that can be tracked on the basis of the individual consumer's receipt of services that are documented in an individual consumer record?</i> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If "No", please explain.</i></p> <ul style="list-style-type: none"> • <i>Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc.</i> <p>Documentation is required for area program clients in the client's regular or case management record.</p>
23	<p>Service Exclusions</p> <ul style="list-style-type: none"> • <i>Identify other service(s) that are limited or cannot be provided on the same day or during the same authorization period as proposed Alternative Service</i> <p>N/A</p>
24	<p>Service Limitations</p> <ul style="list-style-type: none"> • <i>Specify maximum number of service units that may be reimbursed within an established timeframe (day, week, month, quarter, year)</i> <p>N/A</p>
25	<p>Evidence-Based Support and Cost Efficiency of Proposed Alternative Service</p> <ul style="list-style-type: none"> • <i>Provide other organizational examples or literature citations for support of evidence base for effectiveness of the proposed Alternative Service</i>
26	<p>LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and</p>

	Cost-Effectiveness of Alternative Service PBH QM Department will monitor this service for quality and fidelity to the definition through billing audit reviews.
27	LME Additional Explanatory Detail (<i>as needed</i>)